

ADOPTION ASSISTANCE AMENDMENT CONFIRMATION OF NEEDS

Use of form: This confirms the special care needs of the child identified on the Adoption Assistance Amendment Request form, CFS-2092. This Confirmation of Needs form is to be completed by an appropriate professional (e.g., physician, therapist, psychologist, school personnel, etc.) after review of the Adoption Assistance Amendment Request form completed by the adoptive parent(s).

Instructions: Indicate the characteristic(s) listed on the Adoption Assistance Amendment Request form (CFS-2092) being confirmed that reflect the special care needs of the child identified below. Sign, date and provide your professional relationship to the child.

I concur with the information, provided by _____ on the
Name - Adoptive Parent(s)

Adoption Assistance Amendment Request form (CFS-2092), for _____.
Name - Child

regarding the nature and level of his / her special care needs. Indicated below are the specific special care need(s) listed on the Adoption Assistance Amendment Request form that I am confirming. Attached is documentation to support my confirmation.

Emotional Care Needs

Check the number that corresponds with the characteristic(s) being confirmed listed on the Adoption Assistance Amendment Request form.

Minimal: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13

Moderate: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Intensive: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments: _____

Behavioral Care Needs

Check the number that corresponds with the characteristic(s) being confirmed listed on the Adoption Assistance Amendment Request form.

Minimal: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Moderate: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Intensive: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Comments: _____

Physical / Personal Care Needs

Check the number that corresponds with the characteristic(s) being confirmed listed on the Adoption Assistance Amendment Request form.

Minimal: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Moderate: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Intensive: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments: _____

SIGNATURE - Person Confirming Needs of Child

Date Signed

Professional Relationship to Child